PTO/SB/17 (06-07)
Approved for use through 08/30/2007. OMB 0851-0032
ad Trademery, Office; U.S. DEPARTMENT OF COMMERCINE

	23.20-21.000000000000000000000000000000000	of 1995, no person are	reduied to	Earth in a divident				CORREOR DINUNG
	Effective on 12/0	18/2004.				plete if Knov		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.P. 4818).				Application Nun			***************************************	
FEE TRANSMITTAL				Filing Date	\rightarrow	March 25, 2004		
For FY 2007				First Named Inv				
[3		}		r. N. Quach				
	t claims small entity st	Art Unit 2826						
TOTAL AMOU	NT OF PAYMENT	Attorney Docket	ttorney Docket No. 2870-0277PUS1					
METHOD OF	PAYMENT (chec	ik all that apply)		***************************************			······	
Check	Credit Card	Money Order	Nor	e Other (please ident	ify):	***************************************	
x Deposit Ac	count Deposit Accoun	4 Number: 02-2448	Deposit Acc	ount Name	Birch, Ste	wart, Kolasch	& Birch, L	LP
For the	above-identified de	posit account, the	Director is	hereby authorize	ed to: (chec	k all that apply)		
hd	harge fee(s) indicat			- L	e fee(s) ind	icated below, e	except for th	e filing fe
luiul f@	harge any additiona e(s) under 37 CFR	I fee(s) or underpa 1.16 and 1.17	syments of	x Credit	any overpa	yments		
FEE CALCU								
. BASIC FILIN	G, SEARCH, AND							
	F	FILING FEES Small Entity		ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity	3	
Application To	ype Fee	(\$) Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Foe (\$)	Fees P	aid (\$)
Utility	300	0 150	500	250	200	100		
Design	200	0 100	100	50	130	65		
Plant	200	0 100	300	150	160	80		
Reissue	300	0 150	500	250	600	300		
Provisional	200	0 100	0	0	0	0	***************************************	**************
. EXCESS CLA	AIM FEES							Small Enti
ee Description lach claim over	r 20 (including Reis	ssues)					Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)							200	100
fultiple depend	ient claims						360	180
Total Claims Extra Claims Fee (5) Fee F				'aid (\$)	Mu	Itiple Depend	ent Claims	
- * X ### HP * highest number of total claims paid for, if greater than 20.					Ee	Li\$)	Fee Paid (\$	l
HP = highest num								
	Extra Claims	Fee (\$)	Fee P	aid (\$)	***************************************			•••
		Fee (\$)	Fee P	aid (\$)	***************************************			
Indep, Claims		x ***		raid (\$)	***************************************			
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Indep, Claims HP = nighest num APPLICATIO If the specifical listings und sheets or fra Total Sheet	extra Claims our of independent users N SIZE FEE ation and drawings for 37 CFR 1.52(e)) action thereof. See Extra She	x ms paid for, if greater 9 exceed 100 sheets the application s 35 U.S.C. 41(a)(1) ets Numbe	isn 3. of paper (ize fee du l)(G) and : r of each as	excluding electrons is \$250 (\$125 f) 37 CFR 1.16(s). Idditional 56 or frac	or small en	tity) for each a	dditional 50	aid (\$)
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